(Undertaker.

Place of Business, 316.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Meyartment, City of Office of Registrar of Vital Statistics. The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, it sooner, if requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate. Date of Death, Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. Sex, Male or Female, {Cross out the word not } required in this line. Months. Years, Age,Color. Married, Single, Widow or Widower, {Cross out the words not } Occupation, Sally Cli Birth Place, State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore, Place of Death, Give Street and Number. First (Primary) Cause of Death, Second (Immediate), Duration of Last Sickness, All the above information should be furnish Place of Burial, Z Date of Burial,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Address.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

he Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificat	e.
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurate filled of the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased so oner, equested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.	ud. ii
CERTIFICATE OF DEATH. Date of Death, Suly Froys87	
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents. Sex, Male or Female, {Cross out the word not required in this line.}	
Tolor, Colit	8.
Married, Single, Widow or Widower, {Cross out the words not }	-
Birth Place, {State or country, and how long in the United States, of foreign birth. Duration of Residence in the City of Baltimore, Duration of Residence in the City of Baltimore,	
Place of Death, {Give Street and } /S48. Collaboration VIA Cause of Death, {First (Primary) Francature birth Ph Inouth Second (Immediate), Osthonia	-
Place of Burial, St. Matthews Cemetry	
Date of Burial, July M. 4. 1887 To Florer M. I. Undertaker, John hannann Mega Attendant.	2.
Place of Business,	-

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his zertice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Place of Business, /

The Special Attention of Physicians	s is Respectfully Invited to the	Remarks below, and to	List of Diseases on back of t	his Certificate.
Permit No. The Physician who attended a to the Undertaker or other person requested so to do, under penalty of		ar of Vital S esponsible for the prese in twenty-four hours af	contation of this Certificate, accepter the death of said decease	curately filled out,
CER	TIFICATE	E OF D	EATH.	
Date of Death,		July	3 8	79
Full Name of Deceased, $\left\{ \right.$	Write legibly and spell correctly. If an Infant not named, give names of parents.	Trabile	- Parg	(2)
Sex, Male or Female, { required require	nired in this line.		\	
Age, \dots	Years,	4 Mont	ths,	Days.
Color,	w		1 1	/
Married, Single, Widow	w. Widower, {Cross out the very required in this	vords not }	1/	
Occupation,	_		V	
Birth Place, State or country, at long in the United if of foreign birth.		, Cey	" With	
Duration of Residence in	the City of Baltimo		7 113	
Place of Death, $\{^{ ext{Give Street a}}_{ ext{Number.}}$	nd} ///	fort as	-)	
Cause of Death, \	(Immediate),	mo	Jufanton	
Duration of Last Sickne	furnished by the Physician.	2 days		
Place of Burial, 17	Mexans			
Date of Burial, Jeel	1/4	Rosto Se	e	M. D.
(Undertaker, 13.	Marle		Medical Attenda	

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians	s is Respectfully Invited to the Re	emarks below, and to	List Pany back of	this Certificate
Permit No. The Physician who attended a to the Undertaker or other person s	Department, Office of Registral my person in a last illness, is response the burial, within	r of Vital St	atistics. Ward	ccurately filled ou
requested so to do, under penalty of No Permi	TIFICATE		197 U	B
Date of Death,	In	193	1887)
Full Name of Deceased, { Sex, Male or Fenale, { cros	Write legibly and spell correctly. If an Infant not named, give names of parents.	Aug	htr	2
-/-	Years,	Month	8	Days
Age, Color,	n	rite		1
Married, Single, Widow of Occupation,	or Widower, Cross out the work required in this li	ds not } ne. }	aker	/
Birth Place, {State or country, an long in the United if of foreign birth. Duration of Residence in	od how States, the City of Baltimore	alan	5 yeurs	
Place of Death, Give Street ar Number.			ington !	eve
Cause of Death, First (Pr.	imary), Palmo Immediate),		monny	blim
Duration of Last Sicknes	88,	2 400	ess	

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Place of Burial, New Ceatheres

Place of Business, 1003 W Bullen Address,

Date of Burial, July 5

Undertaker.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certifica
Bealth Department, City of Baltimore.
Permit No. 3 0 Office of Registrar of Vital Statistics. Ward
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or coner, requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, July 20/887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}
Sea, Mate of Penatte, required in this line.
Age, Years, Months, Day
Color, White Wood
Married, Single, Widow or Widower, {Cross out the words not }
Occupation.
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and } 214 Whoffice and I (ord)
Cause of Death, { First (Primary), Eketheliouna of twould Second (Immediate), Exhaustion
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, Theenmount Cem
Date of Burial, July 14 th 1887
Undertaker, Steward & Mowen Medical Attendant.
Place of Business 2158 21/ Parkan Address, 30 . Enlaw &

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Eurial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Place of Business,

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

irately filled out,

ormit No. A SEC	Wepartment,	, Quy o	l Baitin	nore.
ermit No. 2 8 8 0	Office of Registre	ar of Vital	Statistics.	Ward
the Undertaker or other person quested so to do, under penalty of	f law.	in twenty-four hours	after the death of s	aid decease
No Permi	IT FOR BURIAL CAN BE OBTAI	NED WITHOUT A P	ROPER CERTIFICATI	C. 407

Date of Death, Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Sex, Male or Female, {Cross out the word not } required in this line. Days. Age, ... Color. Married, Single, Widow or Widower, {Cross out the words not required in this line. Occupation, Birth Place, State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore,.... Place of Death, Give Street and Number. Second (Immediate), Place of Burial, Date of Burial, Undertaker.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

ermit No. Health	Depar	tment,	City !	of Balti	imore.	0 "
ermit No. 8	Office of	Registra	r of Vita	l Statistics.	Ward	2"
The Physician who attended a the Undertaker or other person equested so to do, under penalty of	superintending the law.	ne burial, within	twenty-four hou	presentation of this rs after the death of	of said deceased	or sooner

Date of Death, Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Sex, Male or Female, { Cross out the word not } required in this line. Months, Days. Age, Color, Married, Single, Widow or Widower, Cross out the words not required in this line. Occupation,... Birth Place, {State or country, and how long in the United States, } Duration of Residence in the City of Baltimore,... $Place \ of \ Death, \{ {}^{ ext{Give Street and}} \}$ $Cause \ of \ Death, egin{cases} ext{First (Primary),.....} \\ ext{Second (Immediate)} \end{cases}$ Duration of Last Sickness, All the above information should be furnished by the Physician. Place of Burial, gallo benneles (Undertaker, John Place of Business, Address

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full pane, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The state of the s	", ut
Permit No. 2 8 8 Office of Registrar of Vital Statistics. W	ard 2
The Physician who attended any person in a last illness, is responsible for the presentation of this	Certificate, accurately fi
out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death	of said decrased, or spot
If requested so to .lo. under penalty of law.	KN DEPART
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICA	TE.
	I wall that
CEDTIFICATE OF DEATH	(是) 图 图
CERTIFICATE OF DEATH.	N 1887 / 7
11 0 9 1 16	TI CHARLEY
Date of Death, July 3 rd /ft	A STATE OF THE PARTY OF THE PAR
	/ ,
Write legib y and spell	
Full Name of Deceased, correctly. If an Infant \ not named give names \	value

Date of Death, July	3 rd / ft 7,
Full Name of Deceased, write legib, y and spell correctly. If an Infant not named, give names }	Otto Conradis
Sex, Male or Female, {Cross out the word not }	- Male -
Age, Years,	6 Months, Days,
Color,	White
Married, Single, Widow or Widower, Cross out of	the word not }
Occupation,	hone .
Birthplace, State or country, and now long in the United States, if of foreign birth.	Balto Jud
Duration of Residence in the City of Baltimo	re, Lefe Time
Place of Death, Give street sta!	1 D. Caroline 85-
First, (Primary,)	menne
Cause of Death, Second, (Immediate,)	. Letting
Duration of Last Sickness, Al. the above information should be furnished by the Physician	n. meelas
Place of Burial, Hosten Car	165 mod 1 1
Date of Burial Gul 44 188	1. / Whiell by D.
(Undertaker, Me Lounda	Medical Attendard.
In the Character	Mariess. 10111115anas

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be a certained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of dath, except in cases of births and deaths of illegitinate children.

The Special Attention of Physicians is Respectfully Invited t	to the Remarks below, and to	List of Diseases on back of this Certificat	
Permit No. The Physician who attended any person in a last illness to the Undertaker or other person superintending the burial requested so to do, under penalty of law. No PERMIT FOR BURIAL CAN BE	istrar of Vital St s, is responsible for the presen s, within twenty-four hours after	catistics. Ward ward tation of this Certificate, accurately filled of the death of said deceased, or sooner,	uti
CERTIFICAT	TE OF D	EATH.	
Date of Death,	(fuly 1-	188 STIMORY	
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.	las huce	Dorkins	
Sex, Male or Fomale, {Cross out the word not }		1	
Age, Years,	Glose S	s, ZDay	S.
Color,	alones	, /	
$Married,\ Single,\ Widow\ or\ Widower, \{^{ ext{Cross our}}_{ ext{required}}$			
Occupation,			
Birth Place, {State or country, and how long in the United States, if of foreign birth.	lo ag		
Duration of Residence in the City of Balt	imore,		
Place of Death, {Give Street and } fallens	- Ibshar	The Elden	
$Cause of Death, \left\{egin{array}{ll} ext{First (Primary)}, & \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	com	ulsur	
Duration of Last Sickness, All the above information should be furnished by the Physician.	oue we	i A	
Place of Burial, Deleny Come hoy	3.1.	***************************************	
Date of Burial, July 3 1854	1 Cell	Deet -	
(Undertaker, Whilelin of Dringe	180	O Aedical Attendant.	

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Place of Business, 150 East M Address, 453

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Bealth Department, City of Baltimore.

Permit No.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CEF	(IIFICA	IE O	r DEA	1 100	
Date of Death,	Balt	mm Ji	ely 3rd 1	88)=)
Full Name of Deceased,	Write legibly and spell correctly. If an Infant not named, give names of parents.	Edu	1.	13 anhoa	Fil.
Sex, Male or Female, { re			male		
Age, 25	Years,	7	Months,	2	Days.
Color,		/	White	-	
Married, Single, Widow	or Widower, {Cross requi	out the words not }	Sin	gle	/
Occupation,	·····		Grocer		
Birth Place, State or country, long in the Unite if of foreign birth	and how d States,		Balt imd	· /	
Duration of Residence	in the City of Be	altimore,	Lefe Tim	.e.,,	
Place of Death, Give Street	and }	932 0	ngger ar	Wa	
	(0	6		
Duration of Last Sickn All the above information should be	ess,	n.	x months!	?	
Place of Burial, Bal	Timore Cem	elegy			
Date of Burial, Sect	1	los	men Bo	mtou	M. D.
J Undertaker, Leong	Schilling		-0	Medical Attendant.	
Place of Business, A	shland Bywar	Address,	Chase St	I homest	Haer

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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